

| CLAIMS ONLY | | | | | | | Application Number 10/580333 | | Filing Date |
|---|----------|---------|-----------------------|---------|------------------------|---------|---------------------------------|---------|-------------|
| Applicant(s) | | | | | | | | | |
| May be used for additional claims or amendments | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | |
| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. | |
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| Total Indep. | 3 | | | | | | | | |
| Total Depend. | 30 | | | | | | | | |
| Total Claims | 33 | | | | | | | | |
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10/580333

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Indep. | 3 | | | | | |
| Total Depend | 30 | | | | | |
| Total Claims | 33 | | | | | |